

(REVISED)

. CONDITIONS OF EMPLOYMENT - CDL

DIRECTIONS: This form must be completed by all individuals selected for or occupying positions that require a Commercial Driver's License (CDL). Please complete and return through your supervisor to the Directorate of Human Resource Management within 30 days, after receipt of this notification.

CERTIFICATION OF CDL REQUIRED

This form must be completed and returned to the Directorate of Human Resource Management:

☐ Within 30 days after entering on duty

☐ Within 90 days after entering on duty

CDL REQUIREMENTS

Due to the nature of work performed by the position you have been selected for, a CDL with the following class requirements and endorsements is required:

Class

Endorsements-

CERTIFICATION OF CLASS

Please check the class(es) for which you have a valid CDL:

☐ Class A - Any combination of vehicles with a gross weight rating of 26,001 or more pounds. In addition, any towed unit(s) must weigh more than 10,000 pounds.

☐ Class B - A single vehicle with a gross weight rating of 26,001 or more pounds. In addition, any towed unit(s) must weigh less than 10,000 pounds.

☐ **Class C** - Any single vehicle, or combination of vehicles, that do not meet the definitions of classes A and B, but are designed to carry 16 or more passengers including the driver, or to transport hazardous materials. NOTE: -You cannot drive this class of vehicle without the endorsement for passengers or hazardous materials.

☐ **Class D** - All vehicles outside of the CDL classification system. NOTE: Certain endorsements may apply.

CERTIFICATION OF ENDORSEMENTS

Please check the endorsement(s) for which you have a valid CDL:

☐ N - Tank Vehicles

☐ H - Hazardous Materials

☐ P - Passengers

☐ Air - Air Brakes

CDL INFORMATION

Commercial Driver's License Number

State in Which Issued: _____

Expiration Date (Month, Day, Year): _____

SEE REVERSE

EMPLOYEE CERTIFICATION

Due to the nature of work performed by the position you have been selected for, a CDL is required for you to perform your duties. As a result, maintaining a CDL is essential. Should you lose your CDL, or fail to take and/or pass a drug and alcohol test, you may be subject to removal from your civilian position.

I do hereby understand and concur with the conditions of my employment.

Initials:

A false answer to any question on this form may be grounds for not employing you or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing this form and is subject to investigation.

I CERTIFY that all of the statements made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE:

TYPED NAME:

SSN: _____

DATE:

PRIVACY ACT INFORMATION

Collection of the data on this form is authorized in accordance with section 3.301 of Chapter 33 of Title 5 of the U.S. Code.

The information you provide will be used primarily to determine your qualifications for Federal employment. Other possible uses or disclosures of the information are:

1. To make requests for information about you from any source (e.g., former employers or schools), that would assist an agency in determining whether to hire you;
2. To Federal, State, or local agency for checking on violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clearance;

To the courts when the Government is party to a suit; and

4. When lawfully required by Congress, the office of Management and Budget, or the General Services Administration.

SSN is solicited under authority of E.O. 9397 to verify the identity of individuals.

Providing the information requested on this form is voluntary. However, failure to do so may result in you not receiving an accurate rating, which may hinder your chance for obtaining Federal employment.